

Case Number:	CM14-0117993		
Date Assigned:	09/16/2014	Date of Injury:	12/21/1995
Decision Date:	10/15/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 49-year-old gentleman with an injury to the upper extremities as a result of an injury on 12/21/1995. The clinical records provided for review included the progress report of April 7, 2014, noting complaints of pain in the bilateral upper extremities. It was documented that the claimant is status post left ulnar nerve transposition. Physical examination did not identify any wrist findings. There is no documentation of carpal tunnel syndrome. The records did not include an report of electrodiagnostic studies. An appeal letter dated June 2, 2014, requested a right carpal tunnel release procedure. The appeal letter did not identify any results of electrodiagnostic testing or objective findings on examination to support the surgical request. This review is for a carpal tunnel release procedure to the claimant's right upper extremity is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right Open Carpal Tunnel Release, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

Decision rationale: Based on California ACOEM Guidelines, the requested right carpal tunnel release procedure cannot be supported as medically necessary. The ACOEM Guidelines recommend that carpal tunnel syndrome be proven by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The medical records provided for review do not demonstrate physical examination findings indicative of carpal tunnel syndrome. The medical records also do not indicate the results of prior electrodiagnostic studies. Without the above information, the clinical request for right open carpal tunnel release surgery does not meet the ACOEM Guidelines and cannot be supported as medically necessary.